3/31/10
POC accepted S. Cavanagh HFS III

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN190S	A. BUILDING ______ B. WING ______	03/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENOWN SKILLED NURSING	1835 ODDIE BLVD SPARKS, NV 89431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 3/8/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024619 was substantiated with a deficiency cited. (See Tag Z240) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	RECEIVED MAR 24 2010 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
Z240 SS=D	NAC 449.74471 Administration of drugs 1. A facility for skilled nursing shall not administer a drug to a patient in the facility: (a) In excessive doses, including duplicate drug therapy; (b) For an excessive duration; (c) Without monitoring the patient properly; (d) Without adequate indications for the use of the drug; or (e) If there are any adverse reactions which indicate that the dosage should be reduces or	Z240	See Attached	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ellen Kelly NFA, MPH, RD
TITLE: Administrator
(X6) DATE: 3/23/10

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Z240	Continued From page 1 discontinued. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain consent for a psychotropic medication and failed to monitor a resident for oversedation and the effects on the resident's condition for 1 of 3 residents (Resident #1). Severity: 2 Scope: 1	Z240		

Corrective action that will be accomplished for those residents found to have been effected by the deficient practice.

- For Resident #1, the psychotropic medication was discontinued on 3/2/10 per physician order. 3/2/2010
- As per psychiatric consultation, Ambien was also discontinued and Risperdone dosage schedule was adjusted. All orders appropriately carried out and consents in place. 3/2/2010
- Resident started on Rocephin intravenously for five days. 3/5/2010
- In addition, lab work was completed, i.e., urinalysis, complete blood count and metabolic panel. Urine test reflects a urinary tract infection. 3/8/2010
- Clinical dietitian reviewed resident weight status with the interdisciplinary team. Care plan parameters were adjusted as appropriate. 3/11/2010
- Resident commenced on intravenous Gentanycin for a five day period. 3/15/2010
- Physician reassessed resident on 3/8/2010 and 3/16/2010. 3/16/2010
- Speech pathologist conducted a swallowing evaluation for this individual. Speech services were provided and diet adjusted to Dysphagia II, then liquid consistency. 3/17/2010

How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken.

- Nursing Supervisor completed a facility wide audit of all psychotropics currently in use for compliance with consent documentation. 3/19/2010
- Nursing management and charge nurses circulated on all units to review with staff members for any concerns about residents' level of sedation and psychotropic medication utilization. 3/31/2010

What measures will be put into place or what systemic changes will be made to insure the deficient practice does not recur.

- Director of Nursing conducted a concurrent case review on Resident #1 with all clinical Nursing staff. 3/8/2010

- Facility procedure was revised by Nursing Management as follows: 3/29/2010
    - A copy of the consent for a psychotropic will be placed in the front of the resident's medication administrative record.
    - LPN and/or RN conducting the medication pass will verify this consent before administering a psychotropic.

- Nurse Educator will conduct educational sessions for licensed nursing and certified nursing assistant staff on: 4/2/2010
    - Consent parameters
    - Psychotropic medication utilization – facility policy
    - Signs/symptoms to be aware of regarding resident's level of sedation.
    - Changes in behavior, hydration and eating status the certified nursing assistant should inform the unit nurse of.

How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.

- A sample of psychotropic medication orders will be audited for: 3/29/2010 and ongoing
    - Compliance with consent documentation requirements.
    - Impact on resident's physical and cognitive status.

- Audits will be completed by Nursing Supervisors and/or as a concurrent component at significant change and quarterly resident care conferences.

- Oversight rounding by Nursing Management and other Supervisory staff will incorporate checking on any residents with lethargy or cognitive status changes.

- Results of quality monitoring shall be reported to the facility Quality Improvement Committee on a quarterly basis.